

October 30, 2001/6:00 PM ET Contact: CDC, Media Relations (404) 639–3286

# **CDC** confirmed cases of anthrax

Summary of Local, State, and Federal Confirmed Human Cases and Exposures

Case Status	Florida	New York City	New Jersey	Washington, DC	Total
Confirmed	2	4	5	5	16
Cutaneous	0	3	3	0	
Inhalational	2	1	2	5	
Suspect	0	3	1	0	4
Cutaneous	0	3	1	0	
Inhalational	0	0	0	0	

CDC confirmed cases are based on a rigorous case definition which was published in CDC's Morbidity and Mortality Weekly Report (MMWR) on October 19, 2001. The MMWR is available on-line at: <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5041a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5041a1.htm</a>.

CDC defines a confirmed case of anthrax as 1) a clinically compatible case of cutaneous, inhalational, or gastrointestinal illness that is laboratory confirmed by isolation of *B. anthracis* from an affected tissue or site or 2) other laboratory evidence of *B. anthracis* infection based on at least two supportive laboratory tests. CDC defines a suspect case as 1) a clinically compatible case of illness without isolation of *B. anthracis* and no alternative diagnosis, but with laboratory evidence of *B. anthracis* by one supportive laboratory test or 2) a clinically compatible case of anthrax epidemiologically linked to a confirmed environmental exposure, but without corroborative laboratory evidence of *B. anthracis* infection.

# **New York case confirmed**

A case of inhalational anthrax has been confirmed by the New York City Department of Health. The individual works in the stockroom of a hospital in Manhattan and occasionally works in the hospital's mailroom. Diagnostic tests have confirmed this case of inhalational anthrax.

Additional information about the case is available from the New York City Department of Health web site at <a href="http://www.nyc.gov/html/doh/html/public/press01/pr1001029.html">http://www.nyc.gov/html/doh/html/public/press01/pr1001029.html</a>, or by contacting the Department of Health's Media Relations Office at (212) 295-5335.

# Mail handling tips for the home or office

While it is not possible to eliminate the risk of anthrax, the risk to the general public is low and can be further reduced by being alert for suspicious packages and by handwashing after opening the mail. Heightened public health surveillance continues and has been intensified so that anthrax can be promptly recognized and treated.

While the risk is considered to be very low to individuals from possible contamination in the mail, people should continue to be alert for suspicious mail.

Mail might be considered suspicious if it is:

- Sent by someone you don't know
- o Addressed to someone no longer at your address

- o Handwritten with no return address or one that you cannot confirm as legitimate
- Lopsided or lumpy in appearance.
- Sealed with excessive amounts of tape.
- o Marked with restrictive endorsements such as personal or confidential.
- Has excessive postage.

### Dos and Don'ts for suspicious letters:

#### Don't -

- o Shake or empty the contents.
- o Carry the package or envelope, show it to others, or allow others to examine it.

### Do -

- Put the package or envelope on a stable surface; do not sniff, touch, taste, or look closely at it or any contents that may have spilled.
- Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
- Wash hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- o If at work, notify a supervisor, a security officer, or a law enforcement official. If at home, contact the local law enforcement agency.
- If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who may have handled this package or letter. Give the list to both the local public health authorities and law enforcement officials.

Cutaneous anthrax is a boil-like skin lesion that eventually forms an ulcer with a black center or crust (similar in appearance to some spider bites).

The cutaneous form of anthrax responds well to antibiotics if treatment is started soon after symptoms appear, such as in this case.

Individuals should, especially in areas that have been directly affected, review and be familiar with advice provided to all postal patrons by the US Postal Service and follow that advice.

For the latest update on CDC activities and on-going anthrax investigations visit www.bt.cdc.gov or www.cdc.gov/od/oc/media